EXHIBIT 194

Case:17-03283-LTS Doc#:17905-44 Filed:08/20/21 Entered:08/20/21 17:32:19 Desc: Exhibit 194 - Nilsa M Caban Torres Page 2 of 6

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	, and that of its counsel,
Participant's Name:	Nilsa M. Caban Torres
Participant's Address:	UNB. Jardines Sand Domingo C-5; A-2
Participant's Email Address:	nilso-corban @ yahoo.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
Claim Number: Nature of Claim: By: Signature	laim number and the nature of Participant's Claim: 170/C 3283-LTS Pension & Rafivo Line Line Line Tomos
Title (if Participant is a D&/12/20) Date	not an individual)

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	Nilsa M. Caban Torres
Participant's Address:	Urb. Jardines Sto. Domingo C-5; A-23, Ja
Participant's Email Address:	nilsa-@yahoo.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283-LTS
Nature of Claim:	Densión de Retiro
By: Sule M. al	Juer_
Signature	
Nilsa M. C. Print Name	aban Tones
Title (if Participant is a	not an individual)
Date 9451	2, 202/

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Nilso M. Caban Tones
Participant's Address:	46. Jardines Sto. Domingo C-5, A-23, June
	nika-caban@yahoo. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel: _	
2. Participant's Cla	aim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283- LTS
Nature of Claim:	Ponsión de Retiro
By: Juse M. Co	i Cur
Signature Nisa H. Cat Print Name	ban Tores
Title (if Participant is not Date) Date	ot an individual)

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Participant must provide all of the information below in English:

if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Nilsa M. Caban Torres
Participant's Address:	Ulb. Jadine Sto Daningo C5; A-28, Jun Dia
Participant's Email Address:	nilsa - caban@ yahor. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283-LTS
Nature of Claim:	Pegsion de Retiro
By: Signature	N Lur
Nilsa M. C Print Name	aban Torres
Title (if Participant is	not an individual)
17. do a custo	do >021
Date	

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Milsa M. Catan Tong Unb. Jardins Sand Dumingo Calle 5; A-23 Juana Diaz, PR 00285

SAN JUAN PR 009

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